

SERFF Tracking Number: UHLC-128227001 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
 Company Tracking Number: LA25880ST
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
 Plans 2010
 Product Name: GROUP MEDICARE SUPPLEMENT
 Project Name/Number: ADVERTISING/LA25880ST

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-128227001 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num:

Sub-TOI: MS08G.001 Plan A 2010

Co Tr Num: LA25880ST

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Wanda Augustus, Tammy Frederick,

Bobbie Walton, Lisa Muhammad

Date Submitted: 04/03/2012

Disposition Date: 04/03/2012
 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: ADVERTISING

Project Number: LA25880ST

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 04/03/2012

State Status Changed: 04/03/2012

Created By: Michelle Ambach

Corresponding Filing Tracking Number:

Filing Description:

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is new and does not replace any previously submitted advertisement.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Michelle Ambach

The enclosed materials will be utilized with the following which were approved by the Department on 11/5/09, under State Tracking number 43459 .

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Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Mass Marketed)
 Standardized Medicare Select Certificate: MDSC 0008, MDSF 0009 (Mass Marketed)
 Plan Benefit Tables: BT25 – BT33
 BT002 ST AB, CF, KLN
 BT002 ST CCSelect,
 BT002 ST FFSelect
 Plan Overviews: POV3, POV4
 Rules & Disclosures: RD4, RD5
 Premium Rate Pages: MRP0001 (Med Supp), MRP0002 (Med Select) - - (All Non-Agent Marketing Channels)
 MRP0003 (Med Supp), MRP0004 (Med Select) - - (All Marketing Channels)

The definitions, disclosures, eligibility requirements, exclusions, limitations, Group Policy Form No. GRP 79171 GPS-1, as well as, the statement, "...not connected with, or endorsed by, the U.S. Government or the federal Medicare program," can be found in [BA25014AR or GU25003AR] which was approved by the Department on 11/3/09 under State Tracking Number 43646.

State Narrative:

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
 680 Blair Mill Rd. 215-902-8444 [Phone]
 Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

| | | |
|------------------------------------|-------------------------|--------------------------------|
| UnitedHealthcare Insurance Company | CoCode: 79413 | State of Domicile: Connecticut |
| 185 Asylum Street | Group Code: 707 | Company Type: Life and Health |
| Hartford, CT 06103 | Group Name: | State ID Number: |
| (860) 702-5000 ext. [Phone] | FEIN Number: 36-2739571 | |

Filing Fees

| | |
|------------------|--------------------|
| Fee Required? | Yes |
| Fee Amount: | \$200.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50.00X4=\$200.00 |

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Project Name/Number: ADVERTISING/LA25880ST
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|----------|----------------|---------------|
| UnitedHealthcare Insurance Company | \$200.00 | 04/03/2012 | 57671063 |

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Plans 2010
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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 04/03/2012 | 04/03/2012 |

SERFF Tracking Number: UHLC-128227001 *State:* Arkansas
Filing Company: UnitedHealthcare Insurance Company *State Tracking Number:*
Company Tracking Number: LA25880ST
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
Plans 2010
Product Name: GROUP MEDICARE SUPPLEMENT
Project Name/Number: ADVERTISING/LA25880ST

Disposition

Disposition Date: 04/03/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UHLC-128227001 State: Arkansas

Filing Company: UnitedHealthcare Insurance Company State Tracking Number:

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------|----------------------|---------------|
| Supporting Document | STATEMENT OF VARIABILITY | Filed-Closed | Yes |
| Form | LETTER | Filed-Closed | Yes |
| Form | LETTER | Filed-Closed | Yes |
| Form | BROCHURE | Filed-Closed | Yes |
| Form | OUTSIDE ENVELOPE | Filed-Closed | Yes |

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Form Schedule

Lead Form Number: LA25880ST

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------------|-------------|-------------|------------------|---------|----------------------|-------------|---------------|
| Filed-Closed 04/03/2012 | LA25880ST | Advertising | LETTER | Initial | | 45.000 | LA25880ST.pdf |
| Filed-Closed 04/03/2012 | LA25881ST | Advertising | LETTER | Initial | | 45.000 | LA25881ST.pdf |
| Filed-Closed 04/03/2012 | BA25215ST | Advertising | BROCHURE | Initial | | 45.000 | BA25215ST.pdf |
| Filed-Closed 04/03/2012 | OA25205ST | Advertising | OUTSIDE ENVELOPE | Initial | | 45.000 | OA25205ST.pdf |

[Sample A. Sample
1234 Main Street
Anytown, USA 12345]

Dear [Sample A. Sample],

Thank you for applying for [AARP® Medicare Supplement Insurance Plan X/AARP® Medicare Select Insurance Plan X], insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

You will receive your enrollment application in a separate mailing, which includes the information you recently provided over the phone. When you receive your application, please:

- make sure that all information is correct
- complete any highlighted sections
- sign and date your application in the areas indicated
- send it back to us in the envelope provided

Once your application is processed, you will be notified of your acceptance, rate, and insurance start date. You will also receive a welcome kit that contains your Certificate of Insurance and an optional Electronic Funds Transfer (EFT) Form. With EFT, you never have to worry about missing a payment because your bank will send it for you. Plus, you will save on your yearly premium if you choose this option.

At UnitedHealthcare, we are committed to helping you understand the features of your plan. Enclosed you will find details about your plan and some important legal information. Please take a moment to review this information.

Help is available every step of the way.

If you have any questions, please call 1-800-272-2146, weekdays, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., Eastern Time. Our dedicated customer service representatives are here to help, so you can enjoy the lifelong benefits of a Medicare supplement insurance plan.

(over, please)

Go Long,



Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

Get a Free Guide: You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide briefly describes the Medicare program and health insurance available to those on Medicare. If you are interested in receiving this free guide, please call 1-800-272-2146, toll-free, or find it on the Web at www.medsupeducation.com.

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA. Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. An agent/producer may contact you.

See the enclosed materials for complete information, including benefits, costs, eligibility requirements, exclusions and limitations.

Visit [\[GoLong.com\]](http://GoLong.com)

AARP MEDICARE SUPPLEMENT INSURANCE PLANS
Insured by UnitedHealthcare Insurance Company

[Sample A. Sample
1234 Main Street
Anytown, USA 12345]

Dear [Sample A. Sample],

Thank you for applying for [AARP® Medicare Supplement Insurance Plan X/AARP® Medicare Select Insurance Plan X], insured by UnitedHealthcare Insurance Company (UnitedHealthcare).

Your enrollment application has been submitted, which includes the information you recently provided over the phone. Once your application is processed, you will be notified of your acceptance, rate, and insurance start date. You will also receive a welcome kit that contains your Certificate of Insurance and an optional Electronic Funds Transfer (EFT) Form. With EFT, you never have to worry about missing a payment because your bank will send it for you. Plus, you will save on your yearly premium if you choose this option.

At UnitedHealthcare, we are committed to helping you understand the features of your plan. Enclosed you will find details about your plan and some important legal information. Please take a moment to review this information.

Help is available every step of the way.

If you have any questions, please call 1-800-523-5800, weekdays, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m., Eastern Time. Our dedicated customer service representatives are here to help, so you can enjoy the lifelong benefits of a Medicare supplement insurance plan.

Go Long,



Susan Morisato
President, Insurance Solutions
UnitedHealthcare Insurance Company

Get a Free Guide: You are entitled to receive *A Guide to Health Insurance for People with Medicare*. This guide briefly describes the Medicare program and health insurance available to those on Medicare. If you are interested in receiving this free guide, please call 1-800-523-5800, toll-free, or find it on the Web at www.medsupeducation.com.

(over, please)

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This is a solicitation of insurance. An agent/producer may contact you.

See the enclosed materials for complete information, including benefits, costs, eligibility requirements, exclusions and limitations.

Visit [\[GoLong.com\]](https://www.golong.com)

AARP MEDICARE SUPPLEMENT INSURANCE PLANS

Insured by UnitedHealthcare Insurance Company



More than [2.9 million] members* and growing

Dear [Sample A. Sample],

Please read this important information about your
AARP Medicare Supplement Insurance Plan | **GO LONG™**

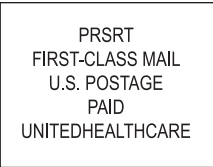


[1-866-434-5665]
[GoLong.com]

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

*infogroup/ORC, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," [December, 2010], www.uhcmembersstats.com or call 1-800-523-5800 to request a copy of the full report.

BA25215ST



AARP Medicare Supplement Insurance Plans

will need to check window
placement

>IMPORTANT:
AARP Medicare Supplement Insurance Plan information enclosed

UnitedHealthcare Insurance Company
(UnitedHealthcare Insurance Company of New York, for New York residents)
P.O. Box 1017 • Montgomeryville, PA 18936-1017

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Supporting Document Schedules

| | Item Status: | Status |
|---|--------------|-------------------------|
| Satisfied - Item: STATEMENT OF VARIABILITY | Filed-Closed | Date: 04/03/2012 |
| Comments: | | |
| Attachment: | | |
| SOV--ST.pdf | | |

STATEMENT OF VARIABILITY – STD

Letters: LA25880ST, LA25880ST MS, LA25881ST, LA25881ST MS

Note: All variables listed below do not appear in every component. This list is a collective explanation of all variables that appear in all submitted components.

| Variable | Description |
|--|---|
| [Sample A. Sample 1234 Main Street Anytown, USA 12345] | This is the name and mailing address of the individual receiving the information. |
| [SAMPLE A. SAMPLE] | This is the name of the individual receiving the information. |
| [AARP® Medicare Supplement Insurance Plan X/AARP® Medicare Select Insurance Plan X] OR [X] | This is the plan for which the individual has requested information. |
| [GoLong.com] | This is the website used for this campaign and will not vary. |

Brochure: BA25215ST

Note: All variables listed below do not appear in every component. This list is a collective explanation of all variables that appear in all submitted components.

| Variable | Description |
|----------------------------|---|
| [2.9 million] | This is the current number of AARP members who are enrolled in an AARP Medicare Supplement Insurance Plan. |
| [SAMPLE A. SAMPLE] | This is the name of the individual receiving the information. |
| [www.medsuppeducation.com] | This is the current website prospects can visit to request a copy of <i>A Guide to Health Insurance for People with Medicare</i> . |
| [1-866-434-5665] | This is the customer service phone number used for this campaign and will not vary. |
| [GoLong.com] | This is the website used for this campaign and will not vary. |
| [December, 2010] | This is the date of the most recent available version of the infogroup/ORC report "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans." |